

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>09/680041</u>	Examiner : <u>Aggarwal, Y</u>	GAU : <u>2615</u>
From : <u>S.G.C.</u>	Location : <u>(IDC) FMF FDC</u>	Date : <u>2-22-05</u>
Tracking # : <u>06051399</u>		Week Date : <u>12-13-04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>10-26-04</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: Original Claim II depends upon cancelled original claim 2. Please Resolve

Thank You

[XRUSH] RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04